

THE SALVATION ARMY
Southern Territorial Headquarters
HANDS SCHOLARSHIP
"Helping and Needy and Deserving
Student"



Type or Print Please

Full Name: _____ Social Security #: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Married: _____ Present Age: _____ Date of Birth: _____

Name of School: _____ Major: _____

School Address: _____ Estimated Graduation Date: _____

Is this college accredited? _____ Is this a 4-year college? _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____
(1st Year) (2nd Year) (3rd Year) (4th Year)

Are grades attached _____

Please attach the most recent grades reflecting the Cumulative GPA. If you are a freshman please attach your senior grades from High School reflecting all semesters. Applications with no grades attached will not be processed.

Do you have plans to enter The Salvation Army College for Officers Training? _____

What Corps do you attend? _____

What are your academic and career aims? _____

Name of Parent(s)? _____

By signing below you acknowledge that you understand and comply with the following requirements of the HANDS Scholarship:

1. Acceptance at an Accredited Academic or Vocational College.
2. You must carry a full-time study program each semester, so that you will graduate in four (4) years.
3. You must maintain a 2.0 Cumulative Grade Point Average or above during the entire school term.
4. You must reply promptly to any request for information from The School for Continuing Education (via email or phone).
6. Funds are disbursed fall and spring semesters in the amount of \$1,100; it is our intention to continue such grants until your undergraduate work is complete, provided that you submit your transcript and a thank you note to the donors at the completion of each semester.
7. Attach a copy of your government issued photo identification to this application.
8. You may be placed on a waitlist for up to two years until a spot becomes available. There is no need to re-apply, you will be notified via email and requested to submit an updated transcript.

I do understand and I will comply with the above requirements.

Applicant's Signature _____ Date: _____

Commanding Officer's Signature: _____ Date: _____

Commanding Officer's Printed Name: _____

Student's Name: _____

TENTATIVE BUDGET WORKSHEET

College Year Fall 20__ to Spring 20____

INCOME

FROM PARENTS/LEGAL GUARDIAN: _____
OFFICER CHILD SCHOLARSHIP/GRANT: _____
SAVINGS: _____
EMPLOYMENT SCHOLARSHIPS: _____
OTHER LOANS, SCHOLARSHIPS, OR INCOME: _____
THE AMOUNT OF THIS SCHOLARSHIP: _____
TOTAL: _____

EXPENSE

TUITION: _____
BOOKS/SUPPLIES: _____
ROOM & BOARD: _____
MEDICAL & DENTAL: _____
TRAVEL/TRANSPORTATION: _____
INSURANCE: _____
OTHER EXPENSES (SPECIFY): _____
TOTAL: _____

DIVISIONAL FINANCE BOARD STAMP

EDUCATION COUNCIL STAMP

BOARD OF TRUSTEES STAMP